

DEPARTMENT OF COMMERCE AND INSURANCE REAL ESTATE APPRAISER COMMISSION

500 JAMES ROBERTSON PARKWAY, SUITE 620 NASHVILLE, TENNESSEE 37243 615-741-1831

| | Change in Primar | y Sponsor | | | |
|---|--|---|---|---|--|
| | Change in Second | dary Sponsor | | | |
| | Additional Second | dary Sponsor | | | |
| I understand that I m have determined tha alone. I have read an | ust conduct an interior and the trainee has obtained reviewed the rules regainee under my supervis | ve agreed to sponsor nd exterior inspection of all properti d adequate education and experier arding a trainee and understand all r ory authority. If there is any change | es until the trainee has acco nce necessary to achieve th ny responsibilities as a spor | he competency to conduct pronsor. I take full responsibility fo | ence and when I oper inspections reach appraisal |
| | | PRIMARY SPONSOR Yes | No | | |
| As a sponsor, I will b | e responsible for the dire | ect supervision of the trainee in his/ | her role as a trainee under | my supervision. | |
| Certificate Number | | Signature of Sponsor | | | |
| ocitindate ivambei | | Signature of Sponsor | | | |
| STATE OF | | COUNTY OF | | | |
| Sworn to and subscr | ibed before me this | day of | · | | |
| | | Notary Public | | | |
| | | My Commission Expires: | | | |
| | | SPONSOR INFO (Please Type or F | | | |
| Name | First | Middle | Last | | |
| Business Address | | | | | |
| | Street Address | | PO Box | | |
| | City, State, Zip Code | | | | |
| | Business Name | | Telephone | | |

IN-1329 (REVISED 12/99)